

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Amodo, Gloria	CHAPTER 100.1
Address: 1437 Ala Leleu Street, Honolulu, Hawaii 96818	Inspection Date: November 5, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Substitute care giver #1 – Documented evidence of initial 2-step tuberculosis test unavailable.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 did not do 2 step TB test. Since annual TB test was done on 10/21/19, SCG #1 was instructed to take another TB test within a year of the latest TB test to comply with the 2 step initial TB test. 2nd TB test done on 11/14/19.</p>	<p>11/14/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver #1 – Documented evidence of initial 2-step tuberculosis test unavailable.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. In the future, initial documentation of caregiver's 2 step TB shall be kept as part of their permanent record. 2. Copy of initial 2 Step TB shall be brought forward and attached to the annual P.E. record and TB test or TB Risk & Assessment Record. 3. All caregivers in the home shall be instructed to keep a permanent copy of their initial and annual TB tests in their possession. 4. A checklist that the above records are on file shall be reviewed when writing monthly progress report. 	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menus are not posted in the kitchen or dining area.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes menu has been posted on day of inspection.</i></p>	<p><i>11/5/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menus are not posted in the kitchen or dining area.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, a check list will be available in my care home binder or a calendar.</i></p>	<i>12/26/19</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Food and drink items (e.g., juice, sauces, Vienna sausage) stored on the pantry floor.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes food & drink items on pantry floor has been placed on shelves.</i></p>	<p><i>11/13/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Food and drink items (e.g., juice, sauces, Vienna sausage) stored on the pantry floor.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, additional shelves shall be added to pantry to avoid placing any items on the floor.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No working metal stem thermometer available for checking cold and hot food temperatures.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes metal thermometer was purchased on day of inspection. Husband went to Longs to purchase a battery.</i></p>	<p><i>11/5/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill performed on 11/1/19 does not have the hour and duration of drill documented.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Hour & duration was written in after inspection was finished.</i></p>	<p>11/5/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Dish sanitation procedure does not include the use of bleach for sanitizing.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Bleach placed near dish area in a secured place to easily available for sanitizing dishes.</i></p>	<p><i>11/5/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #2 – Closet being used as storage by primary care giver.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Removed.</i></p>	<p>11/5/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 - Response to medications for the month of June 2019 was not documented in the progress notes.</p> <p>Resident #1 - Response to treatment from a right thumb cyst aspiration performed on 6/12/19, was not documented in the June 2019 progress note.</p> <p>Resident #1 - Response to treatment from cryosurgery on the right thumb performed on 4/3/19, was not documented in the April 2019 progress note.</p> <p>Resident #1 - On April 2019 progress note, PCG circled "no", to any changes in condition, despite imbalance issues that began occurring on 4/3/19.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Late entry dated 11/5/19 was entered in the progress notes for response of medication given in June.</p> <p>Late entry dated 11/5/19 was entered in the progress notes for response to treatment from a ② thumb cyst aspiration performed on 6/12/19.</p> <p>Late entry dated 11/5/19 was entered in the progress notes for response to treatment for cryosurgery on the ② thumb for April 2019 progress notes.</p> <p>Progress note on April 2019 was crossed out and entered "yes" instead in a late entry dated 11/5/19.</p>	<p>11/5/19</p> <p>11/5/19</p> <p>11/5/19</p> <p>11/5/19</p>

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Licensee's/Administrator's Signature: Gloria Amado

Print Name: Gloria Amado

Date: 12/26/19

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